MR. K. GEORGE (*Chief Secretary to Government*): (*a*) There appears to have been such reports in some newspapers.

(*b*) The answer is in the negative.

MR. A. THANU PILLAI (*Trivandrum*); Did the Government think it their duty to enquire how these reports arose?

MR. K. GEORGE (*Chief Secretary to Government*): They did not feel it necessary.

MR. A. THANU PILLAI (*Trivandrum*); Was there any proposal to appoint Mr. Velayudha Menon as a Judge of the High court?

MR. K. GEORGE (*Chief Secretary to Government*): I cannot say. There is no record in the office to show that there was such a proposal.

MR. A. THANU PILLAI (*Trivandrum*): In which office?

MR. K. GEORGE (*Chief Secretary to Government*): In the Government Secretariat.

MR. A. THANU PILLAI (*Trivandrum*): Can there be any record any where else?

MR. K. GEORGE (*Chief Secretary to Government*): I did not say anything like that. I answered the member's question. There is no information on the point.

MR. A. THANU PILLAI (*Trivandrum*): I do not catch the member.

MR. K. GEORGE (*Chief Secretary to Government*): I have not seen any record in the office to show that there was such a proposal.

MR. A. THANU PILLAI (*Trivandrum*); Is this all the information that the member can give?

MR. K. GEORGE (*Chief Secretary to Government*); Yes.

MR. A THANU PILLAI (*Trivandrum*); I want the member to tell me whether there can be any record any where else?

MR. K. GEORGE (*Chief Secretary to Government*): I cannot say.

The Rockefeller Foundation and the Public Health Scheme.

317. **MR. A. THANU PILLAI** (*Trivandrum*): Will the Government be pleased to state:

(*a*) whether the Rockefeller Foundation has sent one of their officers to Travancore;

(*b*) if so, the object with which he has been sent;

(*c*) whether any agreement was entered into between the Government and the Rockefeller Foundation before they sent him;

(*d*) if so, the terms of that agreement;

(*e*) whether he has submitted a scheme for the reorganisation of the Health Department;

(*f*) if so, what action has been taken by the Government on that scheme; and

(*g*) whether they will lay on the table a copy of the scheme?

MR. K. GEORGE (*Chief Secretary to Government*): (*a*) Yes.

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(*b*) The representative was sent here at the instance of this Government by the Rockefeller Foundation to act as a consultant in health and to help the Government to organise a Public Health Department on modern lines in the State.

(*c*) No. But the Foundation has placed the services of one of their officers at the disposal of the Government on certain terms which have been agreed to by the Government.

(*d*) The terms are:

(1) the provision of one Fellowship for Public Health education by the Government, in which case the Foundation will provide an other at their expense;

(2) provision of furnished and duly equipped residential and office quarters for the representative of the Foundation at the expense of the Government;

(3) provision of free motor car for him; and

(4) exemption from payment of customs duty on personal effects, payment of tollgate charges, etc.

(*e*) Yes, for the organisation of a Public Health Department.

(*f*) The Government have accepted a programme of work for 1105 on the lines suggested by Dr. W. P. Jacocks and have made a provision of Rs. 60,000 in the preliminary Budget for 1105 for the purpose. The programme comprises the following items:—

1) the formation of the office and staff of Dr. W. P. Jacocks;

(2) the appointment of a Medical Entomologist and an Educational Officer;

(3) provision for one Fellowship; and

(4) Malaria, hookworm and filariasis surveys.

As regards the proposal of Dr. W. P. Jacocks for the organisation of a Public Health Department, the Government propose to take up the matter only after a full and careful examination of the administrative and financial aspects of the scheme.

(*g*) Copy* of the Public Health Programme for Travancore submitted by Dr. W. P. Jacocks is placed on the table.

Dr. W. P. Jacocks' Scheme re Public Health.

318. **MR. K. P. NILAKANTA PILLAI** (*Chirayinkil*): Will the Government be pleased to state whether they have received any scheme prepared by Dr. W. P. Jacocks, representative of the Rockefeller Foundation in Travancore, and, if so, whether they will lay on the table a copy of the above scheme?

MR. K. GEORGE (*Chief Secretary to Government*): The member is referred to the answer to interpellation No. 317 asked by Mr. A. Thanu Pillai.

* Appendix VI page 1062—1073.

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Appendix LI.

Vide **Answer to Question No. 317**

A PUBLIC HEALTH PROGRAMME FOR TRAVANCORE.

Introduction.

A programme of public health work for any country should be a gradual development based on known findings which are elicited by means of research and surveys. It is proposed to develop public health work in Travancore on these lines. There is no contra-indication however at this stage to project for the future a working programme to be used as a guide so long as this programme is based on sound public health principles; is suitable for the needs of the country; is feasible of operation in the opinion of those who have given thought to the subject; and is sufficiently elastic to meet conditions as they arise by reason of research and surveys. On the other hand the preparation of such a programme would seem to be a business-like procedure, inasmuch as any work is more satisfactorily planned and developed if the goal to be attained is known in advance.

A general programme and a working procedure for the next fiscal year are set forth herein. They are based on general public health principles, supplemented by inspections made in rapid journeys to all sections of the country, during the past three months, and take into consideration the habits and conditions of the people as revealed by the exact knowledge possessed and furnished by local medical practitioners.

The Need for undertaking Public Health Work.

Is public health work needed in Travancore? If the death rate figures 10·54 (1103) are correct it would seem that the present health condition of the State as compared with other tropical countries, and indeed with many Temperate Zone countries, is satisfactory. The Sanitary Commissioner in his 1103 report wrote "that nearly one-half of the occurrences remain without registration," and Tahsildars throughout the country have stated that less than fifty per cent. of the deaths and births are reported by registrars. In the light of these statements the figures above quoted do not show a correct state of affairs. Moreover great havoc is being caused by malaria, filariasis, hookworm disease, yaws, and leprosy. A devastating cholera epidemic costing 10,000 lives has just subsided. Furthermore, hospital and dispensary figures for the past five years show that, of the total admissions 25·3 per cent. is due to preventable causes. With a more liberal interpretation the percentage would be much higher, but even so the matter call for attention. And lastly, the water supply system in the State, wells principally, is inadequate and dangerous to the health of the people. Sewage disposal is still in its most primitive stages.

These brief observations (they could be elaborated) would seem to be sufficient to indicate a need for inaugurating public health measures.

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The Object of Public Health Work.

What can be expected from putting into practice sound public health procedure? The object of public health work is to prolong life and to prevent or reduce sickness and by these two means promote the happiness of the people. If the public health work devised for any community or State is sound in principle, is vigorously and earnestly pursued, and if the people concerned do their part by fully co-operating, the above results may be confidently expected.

For the individual, the community, or the State, the most productive and useful part of man's career is between the 35th and 55th years. The expectancy of life in India is said to be 34 years while in England it is about 20 years longer. Is it desirable to increase the span of life in Travancore?

Public Health Law.

Invoking the law should be the last resort of a public health officer. Ideally, in its soundest methods public health work should be carried on by persuasion and voluntary co-operation.

An efficient working force in the best organization obtainable however, will be unable to carry on public health work satisfactorily without competent legal backing. It is useless to advise that a nuisance menacing the public health be abated unless the officer has the authority to see that the nuisance is abated.

Sooner or later it is reasonable to suppose that there will be certain standards of purity set for milk, and for water and for food products in general. It will be necessary to see that vendors keep up these standards.

Sanitation must be instituted and this will require the maintenance of agreed upon standards.

Authority under the law does not mean oppression of the people by use of force. It is for the purpose of protecting people from careless or vicious neighbours and from themselves. Assume for instance that malaria is endemic in a community, that the mosquito breeding ground is on private property, and that the owner who lives elsewhere is unwilling to take the measures of control which are advised. The community will continue to suffer from this scourge until some authority compels the person to abate the nuisance.

The drawing up of a public health act and rules and regulations governing public health procedure is an important adjunct for developing a Public Health Department, and should be undertaken without delay.

Personnel.

The degree of success which will attend the public health work done in Travancore will depend upon the qualities exhibited by those who are selected to carry on the work. The character of work, the opportunity for having a useful career, the remuneration which should enable a health officer to maintain a standard of living commensurate with his post should be clearly set forth.

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With insignificant exceptions there are no medical officers of health in Travancore. In fact few medical officers now in Government service are interested in public health as a career. No medical officer now permanently employed by Government has applied for a position in public health although all eligible officers have been interviewed. This is understandable as the subject has not heretofore been seriously brought to their attention. For the present at least health workers will be recruited from the younger officers who are without public health qualifications, but who will be required to undergo a two year period of probationary training.

Qualifications of a Medical Officer of Health.

A medical officer of health should have a sound medical education and preferably some practice in his profession. This should be followed by special instruction in public health subjects at a recognised institution, the curriculum of which will include practical experience. The officer should be young, active, possess energy, initiative and tact; he should be interested in his fellow beings; should have a social sense and a civic spirit, and a determination to improve the sanitary conditions surrounding his home, that of his neighbourhood, his town, his district, his State. He will not undertake private practice.

For building up a public health staff the following grades are suggested :—

Sub-Assistant Surgeons Grade

Medical Officer Grade

III. Probationary.

II. Requires 1st class Indian Public Health Qualification (Madras or Calcutta)

I. Requires foreign Public Health Qualification (England or America) D. T. M. & H., C. P. H. M. P. H.

Director—Requires D. P. H. or Dr. P. H.

Sub-Assistant Surgeons. Some of these officers will be needed to do curative work.

Probationary. During this two year period the medical officer wil determine through experience and practice his interest in public health work and the department will determine his suitability for such work. If the medical officer should return to the Medical Department during, or at the end of, the probationary period he should lose no time, place or remuneration in the Medical Department, by reason of the time spent in public health work.

Grades II, I and Director. With perhaps one exception there are at present no officers who are qualified for these grades. Arrangements must be made to meet this temporary deficiency.

If the Grade II or I Officer is not a medical officer of health the salary scale which he will hold will be determined by the Director,

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Beginning 1st Chingam 1110 all candidates must offer public health qualifications to enter the department. Those who have entered prior to that date must be required, with Government's assistance, to obtain qualifications.

Prior to 1st Chingam 1110 qualifications will be given full consideration, but interest, experience, energy and tact and adaptability will be factors which will determine the selection of an officer for a post. Regardless of qualification the position which a medical officer of health will occupy in the beginning of his service will be determined by conference with the Director of Health.

As a medical officer of health develops experience, capacity and willingness to assume greater responsibilities, and shows qualities of leadership, opportunities may be offered by Government, for foreign study in order that he may perfect himself further in that particular field to which it is proposed to assign him. By this means, standards of excellence may be maintained.

Salary and Allowances Scale.

Government have decided to organize a Public Health Department which is to have the status of a major department. The conditions for entering that department including the salary scale should therefore be stated.

It is important that men of first class accomplishments should be secured. If capable men are not attracted to the department, it will rapidly deteriorate into mediocrity. These officers are to be entrusted with the preservation of the health of the people who are the State's greatest asset. Without people there can be no State; without healthy people there can be no healthy State.

Since medical officers of health will not be allowed private practice, the salary allowed to them must take into consideration the loss of this accustomed source of income. It is generally agreed that in his early years a medical officer could supplement his salary by 50% or more by private practice. As he grows older and as his skill and name become better known he will be able to earn considerably more than his salary.

The salary scale here suggested has been based on the above facts as well as on study of salaries paid to officers in the Medical, Education and Public Works Departments of Travancore.

Salary Scale.

Grades.	*Salary per month.*	*Qualifications.*	*Years.*
Sub-Assistant Surgeon	Rs. 75-150, 5/1	Sub-Assistant Surgeon.	15
Medical Officers of Health			
Probationary	Rs. 175 for 2 years.	Medical Graduate.	2
II	Rs. 225 — 425,20/1	Calcutta or Madras 1st Class Public Health.	10
I	Rs. 500 —700,100/3	British or American (D. T. M. & H., C. P. H., M. P. H.)	6
Director	Rs. 800—1200,100/1	Dr. P. H. or D. P. H.	4
			22

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Allowances for additional Public Health Qualifications :
For Madras or Calcutta Rs. 50 to enter Grade II.
For D. T. M. & H., C. P. H., M. P. H. Rs. 75 to enter Grade I.
For Dr. P. H. or D. P. H. Rs. 100 to become Director.

According to this arrangement it will require 22 years for a medical officer of health to attain the maximum salary, provided his progress is continuous from the beginning.

The scale does not merely call for routine increments. Note should be made that there is an efficiency bar requiring additional qualifications at the end of the probationary and grades periods. The salaries paid under this scale will be paid to medical officers of health who are highly qualified by practice and experience and scholastic studies. The D. P. H., and Dr. P. H. are the highest public health qualifications that can be obtained at the present time.

Travelling Allowances.

Public health workers must be field workers, not office men. They must circulate by travel among the people in the working area to find out what is needed to be done to protect the health. An allowance for travel is required. As this matter will need to be given careful consideration, a lump sum is included in the Budget and the rate of disbursement will be decided upon later.

With these brief observations in mind a general working organization is described.

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Schedule A.

DIAGRAMMATIC SCHEME OF A PUBLIC HEALTH ORGANIZATION FOR TRAVANCORE GOVERNMENT.

Office Routine
Clerks
Forms, etc.

Administration

Director of Public Health

P. H. Education

Lectures
Newspaper Articles
Health Bulletin
Hygiene Pamphlets
Lantern Shows
Cinema Shows
Library

Vital Statistics

- Births
- Deaths
- Marriages
- Divorces

Public Health Laboratory

- Analysis
  - Water
  - Food
  - Chemical
  - Bacteriological
- Sera
- Vaccine
- Rabies
- Research

Maternal & Infant Welfare

- Clinics
- Training of P. H. Nurses
- Midwives

Malaria Control

- Medical Officer
- Sanitary Engineer
- Medical Entomologist
- Inspectors
- Labourers

Health Units

- Medical Officers of Health
- P. H. Nurses
- Midwives
- Sanitary Inspectors
- Clerks
- Office

Sanitary Engineer

- Water
- Sewerage
- Ventilation
- Light
- Malaria drainage
- Town planning

Communicable Diseases

- Tuberculosis
- Enteric Fever
- Dysentery
- Plague
- Cholera
- Small-pox, etc.
- Special Campaigns
- Hookworm Disease
- Yaws
- Filariasis
- Leprosy
- Sub-Assistant
- Surgeons
- Field Assistants

Sanitation

- District Health Officer
- Sanitary Inspectors
- Latrines
- Research

Medical Inspection of Schools

- Medical Officer
- Nurses
- Teachers

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PUBLIC HEALTH ORGANIZATION.

General.

The slogan of a famous State Health Department is: "Public health is purchasable. Within natural limitations any community can determine its own death rate" If this is true the interest which a State takes in reducing its death rate is directly proportional to the sums expended for that work.

Public health work is recognised as a function and responsibility of the State and should be controlled by the State and subsidized by the State. Local organized self-governing bodies should, however, contribute up to their capacity towards any public health project which is approved by them and which is to benefit that particular town or village or neighbourhood. The scheme of organization which might be selected as the goal which Travancore may aspire to is set forth diagrammatically in schedule A.

It has been stated that any public health department can function in a competent way if it has organized in proper working order the four fundamental divisions of Vital Statistics Sanitary Engineering, Public Health Laboratory, and Communicable Diseases. In most countries, additional divisions will be needed to take care of special problems peculiar to the country concerned. The present scheme calls for dividing the public health work into nine categories which would embrace all the health problems which are likely to be met with. These divisions will be set into operation as the need and opportunity arises. The type of organization here suggested should be built up gradually over a number of years.

Director.

The Director should be fully qualified by scholastic studies and by experience in the practice of public health. Upon his shoulders will fall the burden of administration; the maintenance of discipline; the responsibility of selecting the personnel to carry on the work which is to be attempted; the selection of new fields; the analysis of the work already done to determine its usefulness; the organization of research, and the maintenance of standards of excellence.

Under his special eye at least in the beginning will come the public health education and propaganda work.

Public Health Education and Propaganda.

No public health work can be done among a free people unless their co-operation and help is secured. It is common experience that co-operation can be always obtained when the people understand what is being attempted and learn how they may give help. Assistants and co-operation can be secured by arranging for conferences and lectures, by the distribution of literature, by the publication of articles in newspapers and magazines and eventually by undertaking the publication of a public health journal. In recent years the lecture phase of the work has been facilitated and its value enhanced by means of the use of the cinematograph.

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This division should be organized early under the supervision of the Director of Public Health. The work does not absolutely require the services of a medical officer of health. In most countries it is undertaken by a layman who has had university training supported by qualifications and who is skilful in writing and speaking and whose interest in public health has enabled him to acquire a working knowledge of its underlying principles. Such a person would have charge of—

(*a*) interviewing newspaper correspondents ;
(*b*) preparing newspaper articles for publication ;
(*c*) editing a public health bulletin ;
(*d*) preparing (under the Director of Public Health) of a public health primer to be used in Schools ;
(*e*) preparing pamphlets on public health subjects ;
(*f*) arranging for ordinary, lantern and cinema lectures ;
(*g*) keeping the health car and cinematograph apparatus in order;
(*h*) assisting medical officers of health in the preparation of their propaganda work ; and
(*i*) keeping library up to date.

It has been said that very little may be hoped for in public health work from this generation. This is not wholly true, although people who are advanced in years and have well established ideas of modes of living which seem satisfactory to them are perhaps slow to realise that changes are necessary. This group should not be neglected. It is more important however to see that the children are taught simple principles of hygiene as a part of their general education. In routine health work schools will be visited and lectures given on various subjects, by medical officers of health in rural and urban districts. A primer on hygiene can be prepared or recommended for use in schools.

Consideration is being given at the present time to the selection of a layman to take charge of this work.

Vital Statistics.

Vital statistics has been properly named as the book-keeping division of public health, and the success of the public health work will like any business vary with the accuracy with which these books are kept. It has been stated previously that less than 50 per cent. of the births and deaths are now recorded in Travancore. Hence the proper collection of statistics is an important function of a public health department. The person in charge of this division should have experience in the work and should have a knowledge of statistical mathematics. His object will be to see that births and deaths are promptly and accurately and fully reported.

This work is now being carried on by the Sanitary Commissioner's Office.

Public Health Laboratory.

The laboratory furnishes one of the methods of precision in diagnosis and confirms or denies the tentative opinions of practitioners and laymen. In questions of cholera, plague, malaria, hookworm disease, enteric fever, dysentery, and tuberculosis, its diagnostic

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usefulness is essential to the proper conduct of campaigns against those diseases. Furthermore the examination of water, of milk and other food stuffs; the preparation and distribution of vaccines and sera are important duties involving upon public health laboratories.

The presence or absence of an epidemic will frequently depend upon the report given by the laboratory, and the end of the epidemic will be determined by laboratory finding as well.

A Government laboratory is already in operation and can be enlarged to meet the public health needs of the State.

Sanitary Engineering.

The value of good water supplies; the necessity for the proper disposal of human waste; the usefuiness of adequate ventilation and light in homes; the need for town planning, and the advice required in malaria control in so far as it refers to drainage are definite public health projects which can be met by the formation of a division under a competent and qualified sanitary engineer.

A sanitary engineer has been promised to organize this division.

Communicable Diseases or epidemiology.

In this division lies the crux of public health activities, for within its scope comes the control of preventable diseases as well as the control of epidemics when they arise and their prevention when imminent. The division will be responsible for collecting morbidity figures from all parts of the State and giving them due publicity.

All communicable diseases theoretically fall into this division, but in the beginning there are certain diseases which are of such pressing importance that their control will need to be taken in hand by special officers. Reference is made to malaria, yaws, leprosy and filariasis and probably tuberculosis. After a few treatment campaigns, however, all these diseases will eventually find their proper place in this division.

This division cannot be organized immediately but arrangements will be made departmentally for starting the work in a limited way.

Maternal and Infant Welfare.

A most serious aspect of social life in all countries, particularly those within the tropics, is the high mortality among mothers and infants. The large number of infant deaths is usually one of the causes of the high death rates reported from these regions. The official Travancore figures cannot be relied on in this respect for reasons already given, but infant mortality will almost certainly be found to be a problem in this State and should be dealt with as soon as practicable. Provision is made in the Budget for the next fiscal year for a lady doctor who will be expected to do initial infant welfare work. Special training of public health nurses and midwives and the organization of social service, civic and other leagues for the furtherance of this work, will have to be undertaken. In all countries this work has proved to be very popular and co-operation has been freely given by all concerned.

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The work should be intimately associated with maternity wards in hospitals and with health unit work.

Sanitation.

The sanitation of the environment is one of the first measures which should be looked into. The Medical Officer of Health who is placed in charge of this work will have one of the most difficult as well as the most interesting tasks which will fall to the lot of any local public health worker. He will need to determine by experiment and by practice the types of sanitary requirements which are needed for each division or taluk in the State, and for even smaller sections. This task will require some years of patient and arduous labour and should be approached with an open mind and with the habits and customs of the people constantly in thought. Discouragement should never be admitted in this work. When this matter is decided and put into effect a decrease in soil borne diseases (hookworm, dysentery, diarrhoea, cholera, enteric fever) may be expected.

After a few preliminary treatment campaigns the control of hookworm disease which is a matter of sanitation will naturally fall in this division.

Sanitation is now carried on by the Sanitary Commissioner's Office.

Hookworm Disease.

From available statistics, from the reports of medical officers throughout the colony and from personal observation, hookworm disease would seem to be a public health problem in certain portions of the State.

A survey will be undertaken to determine the intensity and incidence of the disease in all sections of the State; and when that is done a programme of the control measures will be prepared.

It is probable that after a few preliminary treatment campaigns, the treatment of cases can be handled by the Government hospitals and dispensaries, which are located in all sections of the country. In 1926-28 (1103) 1,519,711 people attended the Government hospitals and dispensaries out of a total population of 4,006,062.

Treatment however is simply a temporary means to keep the disease in check till sanitation is established. Eventually the control of this disease will be undertaken by the sanitation division.

Malaria Control.

According to all data received, malaria is a serious health and economic factor in specified areas throughout the State.

The control of malaria is a complicated matter, for the methods which are to be used will depend on factors which will vary with each locality.

One of the first things to be done is to determine the role played by the various species of mosquitoes in the perpetuation of the disease.

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This will require a thorough study of the habits of mosquitoes by an Entomologist; and it is essential that this be done before undertaking to make recommendations for control measures. The Entomologits will identify, classify, and describe the species common to Travancore and enumerate the habits of both larvae and adults. He will incriminate by exact methods those species which transmit the disease. Much money has been wasted and much time lost in attacking the problem without having this useful advance information.

After the Entomologist has done his survey, the Medical Entomologist, Sanitary Engineer, and a Medical Director, trained in the latest procedure, should work in conjunction in carrying out control measures which are proposed.

A malaria spleen survey will be undertaken as a part of the immediate programme.

Medical Inspection of school Children.

The value of finding out defects in children and having them corrected in their early years before permanent damage has been done will be readily appreciated as soon as it is mentioned.

The defects are elicited by a physical examination made by a regularly qualified physician who is able to recognize diseased conditions of the teeth, eyes, nose, throat, ears and chest; to pick out those who are underweight and those who harbour intestinal parasites. The examination will be complete and reveal all defects.

To be effective this work must be vigorously and carefully followed up. It is hardly worthwhile to let a child or its parents know the teeth need attention unless there are facilities available for correcting the defect.

To carry on this work properly it will be necessary:—

(*a*) to secure the complete co-operation of the Department of Education;

(*b*) to secure the services of several physicians for physical examination;

(*c*) to arrange for the special training of Medical Officers in—

(i) Eye, Ear, Nose and Throat diseases,

(ii) Dentistry, and

(iii) Orthopedic Surgery; and

(*d*) to interest civic clubs to help indigent persons to get defects corrected.

Health units.

No phase of health work previously discussed is of greater importance to the health and well being of the people of the country than the establishment of health units. Once under way they will eventually include the entire State. Health units bring the advantages of public health practice to every home however remote.

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The health units scheme makes available to rural communities the same sort of health protection which is customarily enjoyed by large towns and cities.

By utilizing political boundaries already established the State has been divided into 62 small potential health unit districts containing from 50,000 to 80,000 people. A map showing these tentative divisions is submitted for information. In the appendix will be found the data used in preparing this map.

Each small area will have a permanent organization consisting of a Medical Officer of Health, nurses, midwives and sanitary inspectors with an office and necessary clerical staff.

The Medical Officer of Health and his staff will make a survey of the area in order to determine the problems and the order in which they are to be attacked; they will carry on extensive educational and propaganda work, establish maternal and child welfare clinics, take charge of epidemics of plague, cholera, enteric fever, malaria, and prevent them if possible. Organized campaigns against malaria, hookworm disease, filariasis, yaws, and leprosy will be undertaken if these are problems in his district. Sanitation is to be generally established throughout the area. Water supplies will be improved. In fact every public health need of the area will be attended to. When these units are generally established about the country, the people will begin to get the full advantages of public health work.

The area will be well canvassed to get the help of the community who usually form themselves into societies for that purpose. One of the most popular means of arousing interest is the establishment of child welfare clinics.

These small organizations will eventually embrace the whole State, but this will take many years to accomplish. It is proposed to start one health unit about twelve months hence and if it proves feasible and practicable to start others as the times seem opportune.

Excluding the four essential divisions, health unit work is considered the most important division heretofore mentioned.

Discussion of General Organization.

The organization just described will eventually be the public health working organization in Travancore. It is recognized however that putting this programme into effect would be difficult and expensive were it to be done immediately. It should be definitely understood therefore that it is not proposed to set up this organization at once. Such a procedure would not be desirable even if trained personnel and equipment were immediately available. By utilizing existing material it is proposed to start this work on a small scale and gradually increase its scope with each succeeding year as officers become trained in modern public health methods.

By keeping the general idea of work in mind and planning each step accordingly, definite and steady progress may be expected.

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